REMARKS/ARGUMENTS

Claims 1-7, 16-28 and 37-39 were examined, with claims 8-15 having been withdrawn pursuant to an election of species requirement. The claims have been amended and cancelled as noted above. Reexamination and reconsideration of the claims, as amended, are respectfully requested.

As an initial matter, Applicants note that claim 1 has been amended to overcome the written description rejection. In particular, Applicants have amended claim 1 to recite that the therapeutic agent "slows dilation and weakening of the wall of the aorta." The Examiner has acknowledged that such language is supported in the specification. Thus, it is respectfully requested that the written description rejection be withdrawn.

Turning now to the rejections over the art, all examined claims were rejected over the '003 Ouriel et al. publication within view of the '977 Hoffman et al. patent. Such rejections have been overcome as follows.

Claim 1 has been amended to more specifically recite that the method comprises "implanting a device comprising a stent member and a therapeutic agent-carrying member." The stent is anchored between the aneurysm and one or more renal arteries and the therapeutic agent-carrying member extends toward the aneurysm, wherein the therapeutic agent-carrying member releases the therapeutic agent which slows dilation and weakening of the wall in the artery.

Such a method is not described in Ouriel, even when combined with the teachings of Hoffman. Ouriel teaches that a particular type of aortic graft comprising anchors at each end. Ouriel, however, nowhere teaches or suggests delivering a therapeutic agent which would slow dilation and weakening of the aorta wall. While paragraph 123 vaguely suggests that the "outer surface" of the graft may incorporate "a thrombogenic agent, such as thrombin, to increase the propensity for clot formation," there is no remote suggestion of the use of the particular drugs set forth in claim 17 or of any other drug which would result in slowing the dilation and weakening of the aortic wall.

The Examiner relies on the teachings of Hoffman '977 to teach the use of antibiotics and other drugs for slowing dilation. Such reliance, however, is misplaced. The

vascular grafts described in the Hoffman '977 patent are of a type used in coronary bypass grafting, not for implantation in aneurysms using self-expanding or other anchor structures. There is no mention or consideration of using the grafts for the treatment of aneurysms or incorporating the graft materials in aortic graft structures of the type claimed in the present application.

While Hoffman '977 does teach that synthetic graft materials may be impregnated with collagen which in turn may carry antibiotics and other drugs, the collagen coating is taught to be on the inner surface of the graft (column 3, lines 23-32), which teachings suggests that the drugs are to be released into blood flow, not into tissue or any other structure surrounding the graft. In particular, the location of the collagen/drug combination on the inner surface of the graft would not suggest that such structures are suitable for treating the wall of an aneurysm surrounding an aneurismal graft.

For these reasons, Applicants believe that claim 1 as amended clearly distinguishes the teachings of Ouriel '003 even when combined with Hoffman '977. Ouriel does not teach methods for treating aneurysms to slow dilation and weakening of the walls of the aorta. While Hoffman does suggest incorporating antibiotics into a vascular graft structure, those antibiotics are incorporated on an inner collagen layer and there is no remote suggestion that such drugs would be useful for treating an aneurysm in any way. Thus, there would be no motivation for combining the teachings of Hoffman with those of Ouriel to achieve the method of claim 1, i.e. a method for releasing drugs into an aorta to slow the dilation and weakening in the wall of the aorta. For these reasons, it is believed that independent claim 1 as well as remaining claims 15 through 20 dependent thereon are now in condition for allowance.

Independent device claim 21 has been amended to more particularly recite the structure of the device as illustrated, for example, in Fig. 1 herein. In particular, claim 21 now recites that the device includes a pair of iliac legs extending from the anchor and further that the skirt surrounds the iliac legs and that the therapeutic agent-carrying member extends toward the aneurismal wall and that the iliac legs extend into the aneurysm.

It is believed that these additional limitations clearly distinguish the structure of Ouriel '003. In particular, even if one assumes that the conical graft structure extending from

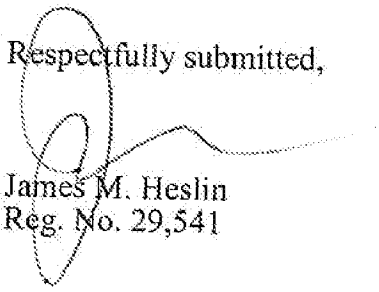
either the upper or lower stents comprises the therapeutic agent carrying member of the present invention, there would be no equivalent to the now claimed iliac legs which extend through the skirt.

For these reasons, it is believed that independent claim 21 as amended clearly distinguishes the teachings of Ouriel even if combined with those of Hoffman '977. It is further believed that claims 22, 24-28, and 37-39, all dependent from claim 21, are allowable for the reasons discussed with respect to claim 21.

In view of the above amendments and remarks, Applicants believe that all remaining claims now in condition for allowance and request that the application be passed to issue at an early date.

If for any reason the Examiner believes that a telephone conference would in any way expedite prosecution of the subject application, the Examiner is invited to telephone the undersigned at 650-326-2400.

Respectfully submitted,



James M. Heslin
Reg. No. 29,541

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 650-326-2400
Fax: 415-576-0300
Attachments
JMH:jlm/jke
60864870 v1